

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1		1						
2		1						
3		1						
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34		1						
35		1						
36		1						
37		1						
38		2						
39	1							
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100								
TOTAL IND.							TOTAL IND.	6
TOTAL DEP.	6						TOTAL DEP.	46
TOTAL CLAIMS							TOTAL CLAIMS	52